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ABSTRACT

The long-term care of dementia sufferers has been conceptualized as a chronic stressor because of the growing evidence that the stress of caring for such an individual has adverse effects on caregivers, including significant decrements in social/recreational activities, emotional and physical fatigue, and depressive symptomatology. Because of caregiving responsibilities, caregivers, compared with others, may have less time for socializing and decreased frequency of contact with others. This study examined the role of social networks in the psychological health of older adults. Subjects were 50 spousal caregivers for suspected or diagnosed progressive dementia sufferers, and 50 sex, age, and education matched comparison subjects. All were participating in a longitudinal study of chronic stress and health. Although there were no significant differences in the social networks of the stressed versus the non-stressed groups, the former was lonelier than the latter, even after controlling for depression. However, there were no differences between the two groups in the number of contacts comprising their social networks. This finding may reflect the fact that stressed people often test the limits of their social networks. The effects of a dense, fatigued, or distressed social network, therefore, would not necessarily affect a stressed person's number of contacts, but rather the quality of those contacts. (LLL)

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Social Networks and Loneliness in Older Adults

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Abstract

Social networks and loneliness were investigated in two groups of older adults. Spousal caregivers for dementia sufferers comprised the chronically stressed group while the control group consisted of sociodemographically matched comparison subjects. The study included 32 males and 68 females with a mean age of 66.82 (*SD* = 8.36). Although there were no significant differences in the social networks of the stressed versus the non-stressed groups, the former were lonelier than the latter, even after controlling for depression. Findings suggest that while social networks were similar across groups, they may function differently in populations with varying stress levels. Of special interest for an aging population are dense, fatigued, and distressed social networks.

Social Networks and Loneliness in Older Adults

Research suggests that social networks play a role in psychological health. For instance, positive aspects of relationships include access to people, information, understanding, companionship, financial aid, and physical assistance (Cohen & Wills, 1985). Thus, it is not surprising that a responsive social network with resources has beneficial effects on adjustment (Fiore, Coppel, Becker, & Cox, 1986). Access to others encourages psychological coping and adjustment because interpersonal contacts connect people with resources. Therefore, it has been suggested that people with fewer contacts have a poorer chance of finding resources that facilitate adjustment than those with more contacts (Rook & Pietromonaco, 1987).

The long-term care of dementia sufferers has been conceptualized as a chronic stressor because of the growing evidence that the stress of caring for such an individual has adverse effects on caregivers (Fiore, Becker, & Coppel, 1983), including significant decrements in social/recreational activities (George & Gwyther, 1984), emotional and physical fatigue (Fitting & Rabins, 1985), and depressive symptomatology (Coppel, Burton, Becker, & Fiore, 1985). Because of caregiving responsibilities caregivers, compared with others, may have less time for socializing and decreased frequency of contact with others (George & Gwyther, 1984). Thus, over time, caregivers may

become more dependent on fewer relationships and lose the availability of support options. Based on the above, this study tested two hypotheses: 1- Stressed individuals have smaller social networks than those not stressed, and 2- The former would describe themselves as lonelier than the latter.

Method

Subjects

The subjects were 50 spousal caregivers for suspected or diagnosed progressive dementia sufferers, and 50 sex, age, and education matched comparison subjects. All were participating in a longitudinal study of chronic stress and health. Data were collected by advanced clinical psychology graduate students or a postdoctoral fellow in clinical psychology.

Measures

Subjects completed the 21 item version of the Beck Depression Inventory (BDI; Beck, 1967). The BDI was chosen because it is sensitive to mild and moderate levels of depression, and somewhat less sensitive to physical ailments or problems (Hammen, 1981). Depression scales more biologically based can elicit falsely elevated scores in older individuals (Bolla-Wilson & Bleecher, 1989).

Each subject completed the Social Network Index Interview (SNII; Cohen, 1988), a measure of how many people the subject currently sees or talks with at least once every two weeks including family, friends, workmates, and neighbors. The

interview also inquired about organizational participation in activities such as church; social, recreational, and professional groups; employment; and educational coursework.

Three items from the Older Americans' Resources and Services Multidimensional Functional Assessment Questionnaire (OARS; Duke University, 1978) were also administered. These included the loneliness item, a measure of how often subjects find themselves feeling lonely; an item concerning contact satisfaction with others; and an item which inquired about the degree of help expected from others if needed.

Results

Subjects

The final breakdown of subjects included 32 men and 68 women: 16 male and 34 female caregivers and the same in matched comparison subjects. No significant differences in educational level, income, or age were found between the stressed and non-stressed groups, Fs < 1. The average subject was female, 66.82 years old, married, had some college training, and a yearly income between $15,000 to $20,000. See Table 1.

Measures

The stressed group was significantly more depressed than the non-stressed group, $F(1, 95) = 10.79$, $p < .01$. A relationship between depression and loneliness has been demonstrated (Russell, 1982). Therefore, to control for correlated variables, BDI scores were covaried in some of the statistical analyses.

A MANCOVA with group and sex as the independent variables and BDI scores covaried indicated no differences across groups, sex, or an interaction on the SNII, Fs < 1. See Table 2. However, a 2 x 2 ANCOVA using group and sex as independent variables and the OARS loneliness item as the dependent variable with BDI scores covaried, found a significant group effect, $F(1, 91) = 6.29$, $p < .02$). See Table 3. In addition, significant differences between groups were obtained for the other two OARS items: contact satisfaction, X (1, N = 97) = 5.37, $p < .03$ and expectations of help, $F(1, 93) = 13.07$, $p < .001$. See Table 4.

Discussion

It was hypothesized that stressed older adults, in this case caregivers, would describe themselves as lonelier than non-stressed older adults, and that the former would have smaller social networks than the latter. The stressed group was clearly lonelier than the non-stressed group. However, there were no differences between the two groups in the number of contacts comprising their social networks. Even though the structural aspects of social networks, as measured in this study, were similar across groups, loneliness, contact satisfaction, and expectations of help were not.

It may be that people under stress need more support than their social networks can give (Roberts, 1988). Increases in stress are generally not accompanied by additional support

(Cohen, Teresi, & Holmes, 1985; 1987), because contacts are not always capable of rendering support to those in need (Gottleib, 1985). For instance, the more dense or enmeshed a social network, the less capable it is of helping stressed members (Gottleib, 1985; Roberts, 1988). Density refers to a network in which the same people share many activities, for example, work, socialize, and attend church together. Therefore, increased density leads to fewer support options.

A second possibility is that people under stress exhaust all the available support in their social networks, leading to social network fatigue. The concept of network fatigue might be especially important for stressed older adults whose primary contacts may be suffering from increasing disability, and needing help and support themselves (Seeman & Berkman, 1988).

Third, the people who comprise the social networks of stressed people may not feel capable of dealing with those who are stressed (Roberts, 1988). Coyne et al. (1987) report that stressed people, especially those who are depressed, tend to elicit distress and feelings of burden in others. As a result most people react negatively to those in distress and turn away.

The finding that stressed individuals report greater loneliness, more contact dissatisfaction, and fewer expectations of help may reflect the fact that stressed people often test the limits of their social networks (Gottleib, 1985). The effects of a dense, fatigued, or distressed social network, therefore, would

not necessarily affect a stressed person's number of contacts, but rather the quality of those contacts.

A strength of this study was its inclusion of matched comparisons subjects which allowed for more direct and reliable comparisons between stressed and non-stressed older adults. Research on the quality of social networks such as density, fatigue, and distress is worthy of future research, especially on older adults who experience multiple losses and increasing dependence, and thus, are vulnerable to social network deficits.

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Table 1

Sociodemographic Data for Spousal Caregivers and Comparison Subjects

	Group	
	Stress	Non-Stress
Variable	Spousal Caregiver	Comparison Subject
Age	(n=50)	(n=50)
M	67.48	66.16
SD	8.58	8.14
Education	(n=49)	(n=50)
	Frequency	
1=Graduate Degree	10	10
2=College Degree	11	14
3=Partial College	14	11
4=High School Diploma	8	10
5=Partial High School	4	5
6=Junior High School	2	0

Note. No significant differences between groups on either age or education were found.

Table 2

SNII Means and Standard Deviations by Group

Number of Contacts	Stress (Caregiver)	Non-Stress (Noncaregiver)
M	20.05	22.38
SD	8.21	8.64

Note. No significant differences between groups on social networks were found.

Table 3

OARS Loneliness Item Response Distribution by Group

Do you find yourself feeling lonely quite often, sometimes, or almost never?

Response	Stress (Caregiver) (n=47)	Non-Stress (Noncaregiver) (n=50)
0 Quite Often	10	3
1 Sometimes	17	15
2 Almost Never	16	32

Note. Significant differences between groups on frequency of response were found, $p < .01$.

Table 4

Ratings of Contact Satisfaction and Expectations of Help by Group

	Stress (Caregiver) (n=47)	Non-Stress (Noncaregiver) (n=50)
Contact Satisfaction*		
Yes	20	34
No	23	16
Expectations of Help**		
Indefinitely	12	36
Short Time	14	5
Now and Then	15	9

Note. Significant differences in group response were found.

a* $p < .03$.

b** $p < .001$.